

**2021 CONTRA COSTA COUNTY  
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

<b>PERMANENT INTERMITTENT</b>	
<b>PLAN/COVERAGE DESCRIPTION</b>	<b>2021 TOTAL MONTHLY PREMIUM</b>
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>	
Employee on Basic Plan	\$979.31
Employee & 1	\$1,958.59
Employee & 2 or more dependents on Basic Plan	\$2,937.92
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>	
Employee on Basic Plan	\$1,085.58
Employee & 1	\$2,171.16
Employee & 2 or more dependents on Basic Plan	\$3,256.75
<b>KAISER PERMANENTE - BASIC PLAN A</b>	
Employee on Basic Plan	\$909.04
Employee & 1	\$1,818.08
Employee & 2 or more dependents on Basic Plan	\$2,727.12
<b>KAISER PERMANENTE - BASIC PLAN B</b>	
Employee on Basic Plan	\$722.50
Employee & 1	\$1,445.00
Employee & 2 or more dependents on Basic Plan	\$2,167.50
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE HEALTH PLAN</b>	
Employee on Basic Plan	\$579.96
Employee & 1	\$1,159.92
Employee & 2 or more dependents on Basic Plan	\$1,739.88
<b>Health Net SmartCare HMO A (new plan)</b>	
Employee on Basic Plan	\$1,305.65
Employee & 1	\$2,611.30
Employee & 2 or more dependents on Basic Plan	\$3,916.95
<b>Health Net SmartCare HMO B (new plan)</b>	
Employee on Basic Plan	\$930.98
Employee & 1	\$1,861.96
Employee & 2 or more dependents on Basic Plan	\$2,792.94
<b>HEALTH NET PPO PLAN - BASIC PLAN A</b>	
Employee on PPO Basic Plan	\$2,967.02
Employee & 1	\$5,934.04
Employee & 2 or more dependents on Basic Plan	\$8,901.06

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<b>PLAN/COVERAGE DESCRIPTION</b>		<b>2021 TOTAL MONTHLY PREMIUM</b>
<b>DELTA DENTAL PREMIER - \$1,800 Annual Maximum</b>		
For CCHP Plans	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
For Health Net Plans	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
For Kaiser Permanente Plans	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
Without a Health Plan	Employee	\$46.52
	Employee + 1	\$105.08
	Employee + 2 or more	\$105.08
<b>DELTA CARE (PMI)</b>		
For CCHP Plans	Employee	\$25.35
	Employee + 1	\$54.78
	Employee + 2 or more	\$54.78
For Health Net Plans	Employee	\$25.35
	Employee + 1	\$54.78
	Employee + 2 or more	\$54.78
For Kaiser Permanente Plans	Employee	\$25.35
	Employee + 1	\$54.78
	Employee + 2 or more	\$54.78
Without a Health Plan	Employee	\$25.35
	Employee + 1	\$54.78
	Employee + 2 or more	\$54.78